



**Minnesota Pollution  
Control Agency**

520 Lafayette Road North  
St. Paul, MN 55155-4194

# Solid Waste Composting Facility 2012 Annual Report

Solid Waste Permit Program

*Doc Type: Permitting Annual Report*

## I. Report Assembly

1. Annual Report form(s) on top followed by supporting documents.
2. All plan sheets must be 11x17 or submitted electronically.
3. Clear plastic cover or no cover.
4. No 3-ring binders allowed. Comb (GBC) binders are okay.
5. **Due March 1, 2013.**
6. Proposed changes to permit documents or requirements, such as operations, solid waste management, monitoring or reporting are contingent on Minnesota Pollution Control Agency (MPCA) approval and must be submitted under separate cover.

MPCA Use Only	
Preferred ID:	
Subject:	2012 Solid Waste Compost Annual Report

### Submit Report:

**Mail** one (1) copy of the completed Annual Report form with original signature and all supporting documents to:

**Attn: Lisa Mojsiej**  
Minnesota Pollution Control Agency  
520 Lafayette Road North  
St. Paul, MN 55155

Or

**E-mail** completed Annual Report form with original signature and supporting documents to Lisa Mojsiej, MPCA, at:

[lisa.mojsiej@state.mn.us](mailto:lisa.mojsiej@state.mn.us)

**Note:** All Minnesota solid waste facilities must mail their copies to the above address for proper tracking and processing regardless of where the facility is located.

## II. Facility Information (List the facility name as it should appear on your permit and the actual **street address** for the facility; **not a PO box or mailing address**.)

Facility name: \_\_\_\_\_ Permit number: SW-

Facility's street address: \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip: \_\_\_\_\_ County: \_\_\_\_\_

Region (check one): ☐ Brainerd ☐ Detroit Lakes ☐ Duluth ☐ Marshall/Willmar ☐ Metro ☐ Rochester

## III. Facility Contact Information (Please identify the person who should receive mailings or otherwise be contacted regarding this facility.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Fax number: \_\_\_\_\_

**IV. Quantity of Waste Received and Method of Handling** (Please list the quantity of waste received, the corresponding unit of measure, and the destination(s) of material leaving your facility.

Waste activity area	Quantity	Unit of measure (ton, yd <sup>3</sup> ,)	Destination (if sent off-site) (include MN solid waste permit number)
<b>Total waste received (A + B + C + D)</b>			
A. MSW			
B. Source separated organic material			
C. Industrial waste			
D. Other (specify):			
<b>Total waste processed on site (E + F + G + H)</b>			
E. MSW			
F. Source separated organic material			
G. Industrial waste			
H. Other (specify):			
<b>Total waste rejected (I + J + K + L) (specify destination)</b>			
I. MSW			
J. Source separated organic material			
K. Industrial waste			
L. Other (specify):			
<b>Total waste recycled (M + N + O + P) (specify destination)</b>			
M. MSW			
N. Source separated organic material			
O. Industrial waste			
P. Other (specify):			
<b>Total waste unprocessed (Q + R + S + T) (specify destination)</b>			
Q. MSW			
R. Source separated organic material			
S. Industrial waste			
T. Other (specify):			
<b>Compost additives</b>			
<b>Compost residuals (material screened from compost) specify destination</b>			
<b>Compost produced</b>			Enter in Part V below

**Comments:**

**V. Distribution of Compost**

Compost type	Quantity	Unit (tons or yd <sup>3</sup> )	Destination
<b>Class I compost produced</b>			
1. Class I compost sold or distributed			
2. Class I compost stored			
<b>Class II compost produced</b>			
1. Class II compost sold or distributed			
2. Class II compost stored			
<b>Total compost produced (Class I + Class II)</b>			

**VI. Average Price Charged at Facility Gate** (Please specify the unit rates [\$ /ton, \$ /yd<sup>3</sup>, or \$ /item] charged at the facility in each of the following categories.)

Waste type	Average tip Fee j		Average basic Tip fee k		Other fees (please identify)		County fee (M.S. 115a.919)		City or town fee (M.S. 115a.921)	
	Price	Unit	Price	Unit	Fee	Unit	Fee	Unit	Fee	Unit
MSW	\$		\$		\$		\$		\$	
Source separated	\$		\$		\$		\$		\$	
Industrial	\$		\$		\$		\$		\$	
Other	\$		\$		\$		\$		\$	

j Average Tip Fee equals the average rate paid by a customer over the calendar year.

k Basic Tip Fee equals the average rate paid by a customer minus all government fees, charges, and surcharges.

**VII. Leachate Management and Volumes Handled** (Please list each method of leachate management used at your facility and the total volume of leachate managed with that method.)

Waste activity area (identify waste activity area, e.g., MMSW landfill, transfer station, etc.)	Leachate management method/destination (list separately)	Leachate volume for each management method (gallons)
Total:		

**VIII. Counties Served** (Please list all of the counties that you have received waste from *and the percentage* of your total tonnage that comes from each county.)

	County	Percentage of facility's total tonnage		County	Percentage of facility's total tonnage
1.			8.		
2.			9.		
3.			10.		
4.			11.		
5.			12.		
6.			13.		
7.			14.		

**IX. Summary of Facility Personnel Training Program**

Name of person	Position	Training received and date certified	Future training planned (include date mm/dd/yyyy)

**X. Evaluation Reports** (The items listed below must be included as supporting documents attached to the Annual Report. Check the box in the column to the left if these items are attached. Provide an explanation if the items listed are not supplied. Data alone will not be accepted: calculations, interpretations, and assumptions must be included.)

**Check if  
attached**

**Item attached**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | A. Evaluation of in-house personnel training program conducted by you at your facility. (Refer to Minn. R. 7035.2545). <i>Do not include training offered by the MPCA or other regulatory entities: such information should be reported in Part IX of this report.</i>   |
| <input type="checkbox"/> | B. Summary of emergency or corrective actions that occurred during the year. (Refer to Minn. R. 7035.2585).  |
| <input type="checkbox"/> | C. Other information required by permit/enforcement document/CAP grant agreement.  |
| <input type="checkbox"/> | D. Updated cost estimates for closure, post-closure, and contingency action to reflect work completed (Refer to Minn. R. 7035.2685, subp. 2).  |
| <input type="checkbox"/> | E. Summary of all lab analyses conducted according to the sampling plan required under Minn. R. 7035.2836, subp. 5, item J. Identify any trends in compost quality and indicate any problems or difficulties in sampling or analyzing the compost. Identify any change in the operation of the facility which may have an effect on the quality of the compost produced. |
| <input type="checkbox"/> | F. Summary of temperature and retention time for all compost produced, verifying that the process to further reduce pathogens is being met. <i>Do not include daily temperature readings.</i>  |
| <input type="checkbox"/> | G. Record of each Class II compost distribution, including the following:  |
| <input type="checkbox"/> | 1. A copy of the information sheet or label accompanying all Class II compost distributions according to the compost distribution plan required under Minn. R. 7035.2836, subp. 7.   |
| <input type="checkbox"/> | 2. The name of the compost user and legal description of the application site location, including the quantity of compost and acreage over which it was distributed.   |
| <input type="checkbox"/> | 3. Copies of the letters of notification to the local governments.   |
| <input type="checkbox"/> | 4. A copy of the United States Geological Survey map of the application site and the surrounding areas showing contours and surface waters.  |

**XI. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision under a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Further, I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_